



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO.

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-01665		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	07	-	17	-	2014	TIME (2400)	0000	COUNTY #	31	MILES		N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
1ST ST NE	BLOCK NO.	9014
	MILE POST	

DISTANCE	200	00	MILES	FEET	N	E	W	91ST AVE NE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE	UNKN	MODEL	UNKNO	STYLE		VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT		INSURANCE CO & POLICY #		CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES	NO					



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	APR8821	STATE	WA	VIN#	1FAFP33PX3W285541
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	FORD	MODEL	FOCUS	STYLE	4T	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO.	MATTHEW CARLMAN 9014 1ST ST NE LAKE STEVENS WA 98258 D: 4252323478
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LIABILITY INSURANCE IN EFFECT		INSURANCE CO & POLICY #		CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES	NO					



OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE # **14-01665**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #2 was parked in a small parking stall in the 9000 blk of 1st St NE. The owner of Veh #2 noticed a side marker lense on the ground on 7/17/14. The owner of Veh #2 then noticed the vehicle had damage to the passenger side front corner consistent with being struck by another vehicle. The lense was part of the damage. The damage appears to be caused by another vehicle pulling into or exited the next parking stall. At this time there is no vehicle information for Veh #1.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: ENTERING/EXITING PARKING SPACE

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-19-14 04:02 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

7/20/2014 4:14:35 PM

BADGE OR ID # **126**

ORI #

WA0311900

TIME POLICE DISPATCHED

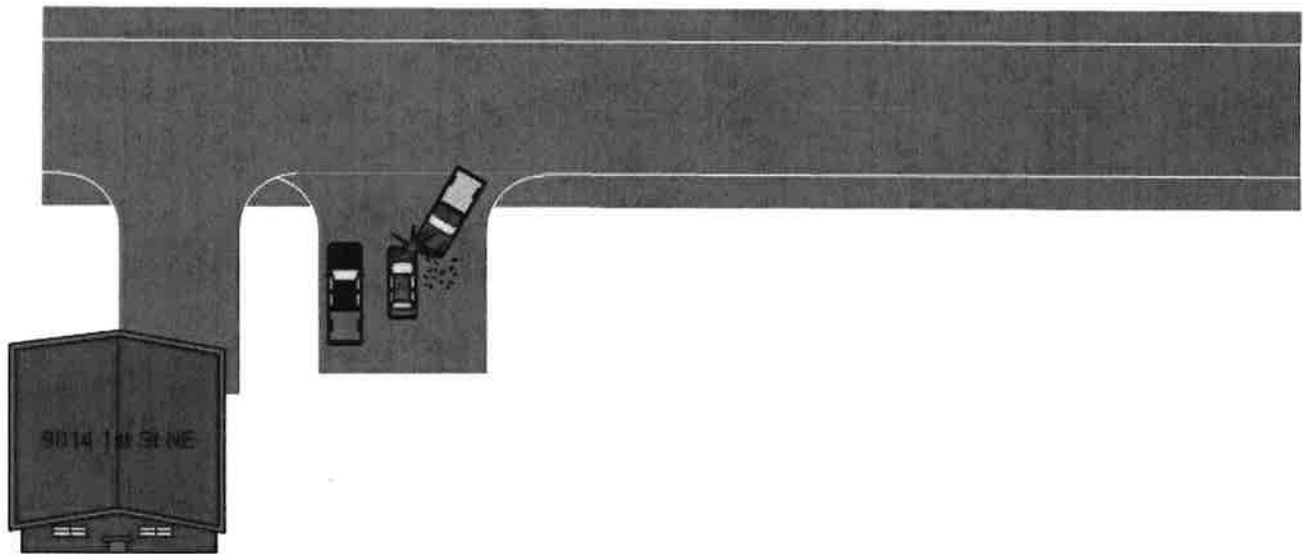
10:10 AM

TIME POLICE ARRIVED

10:15 AM



Not to Scale



ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run Collision	INCIDENT NUMBER 14-01665
NAME OF VICTIM(S) Carlman, Matthew W (12/28/82)		

Narrative:

On 7/18/14 at approximately 1010 hrs., I was dispatched to a cold hit and run collision at 9014 1st St NE. I contacted the reporting party, Carlman, Matthew W (12/28/82). Matthew stated that he noticed a side marker light cover lying in parking stall next to his vehicle on 7/17/14. Matthew stated that he did not think anything of it. On the morning of 7/18/14, he stated that he noticed damage to the front passenger side corner of the vehicle. Matthew also stated that the side marker light cover came from his vehicle. Matthew's vehicle was a red in color, 2003 Ford Focus, WA LIC #APR6821.

Upon inspection of the damage, it appeared to be consistent with someone entering or exiting the parking area to the east of his parked vehicle. Matthew stated that the only person he had see going in and out of that parking stall was a maintenance employee for a rental company. Matthew stated that he contacted the neighbor who that employee was working for. Matthew stated that he was informed that the rental company was Impact Rental Company and was provided a phone number.

I contacted Impact Rental Company to request contact with their maintenance employee. I was able to contact the employee and inspect his vehicle. There was no damage to the vehicle that was consistent with the damage to Matthew's vehicle.

At this time there is no suspect information.

Attachments:

Sector Collision Report

Recommendations:

N/A

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
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LSPD
ORIC

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01665

VICTIM / WITNESS


NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) CARLMAN, MATTHEW WADE	RACE W	ETH W	SEX M	DOB 29DEC92	AGE 31	HGT 6'5"	WGT 176	HAIR BLK	EYES BLU
STREET ADDRESS 9614 1 ST ST NE		CITY LAKE STEVENS			STATE WA	ZIP 98254		RES. STATUS		
HOME PHONE		CELL PHONE 425-232-3474			PLACE OF EMPLOYMENT US NAVY					
WORK PHONE		EMAIL ADDRESS MATT.CARLMAN@YAHOO.COM								

I, MATT CARLMAN, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

ON THURSDAY 17 JULY 14 I NOTICED AN ORANGE SIDE MARKER LYING IN THE PARKING SPOT NEXT TO MY CAR. I THOUGHT NOTHING OF IT. ON FRIDAY 18 JULY 14 I NOTICED MY CAR HAD BEEN HIT AND THE SIDE MARKER WAS MISSING. THE SIDE MARKER IN THE PARKING SPOT MATCHED WHAT WAS MISSING.

THE ONLY PERSON I'VE SEEN PARKED NEXT TO MY CAR THE PAST FEW DAYS WAS A MAINTENANCE MAN FOR IMPACT PROPERTY MANAGEMENT WORKING ON A FENCE FOR MY NEIGHBOR AT 9619 7TH ST NE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 18 JULY 14	LOCATION SIGNED LAKE STEVENS, WA
OFFICER/NUMBER: 126	DATE SIGNED 7/19/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LSPD
ORIGINAL

PAGE 1 OF 1

Incident History for: #SS14013929

Case Numbers: \$SS14001665

Received 07/18/14 10:06:59 BY SPCT08 SP0298
Entered 07/18/14 10:08:20 BY SPCT08 SP0298
Dispatched 07/18/14 10:10:58 BY SPDP17 SP0120
Enroute 07/18/14 10:10:58
Onscene 07/18/14 10:15:27
Closed 07/18/14 10:36:46

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: 9

Loc: 9014 1 ST NE ,LKS btwn DEAD END & 91 AV NE (V)

Latitude: (+) 48.003302 Longitude: (-) 122.110677

Loc Info:

Name: CARLMAN, MATT

Addr:

Phone: 4252323478

/1008 (SP0298) ENTRY ,CC, COLD HIT & RUN, SUS INFO
/1010 (SP0120) AGCADV ,BRDCST
/1010 AGCADV ,19D2
/1010 HOLDU 19D2
/1010 DISPER 19D2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1015 (SS126) *ONSCNE 19D2
/1017 (SP0120) REMINQ 19D2 VEH, 19D2, APR6821,,,,,,,,,,,,,,,,,,,,,
/1023 ASNCAS 19D2 \$SS14001665
/1036 (SS126) *CLEAR 19D2 D/H
/1036 CLOSE 19D2

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